average composition shown in this series was: fat, 2.91 per cent.; sugar, 7.01 per cent.; proteids, 1.34 per cent.; ash, 0.13 per cent.; total solids, 11.39 per cent.; and solids not fat, 8.48 per cent. Comparison of results demonstrated, as is well known, that there are wide variations from the average in milk from the same individual at different times; that there are marked variations in the average composition of milk from different individuals; and that the average composition of human milk does not vary to any marked extent at different periods of lactation. During the first lactation the milk, on the average, is weaker in fat and proteids, but stronger in sugar than in subsequent lactations. These differences may or may not be due to age.

Note on the Employment of Epicarin in Tinea Tonsurans and Tinea Circinata.—ARTHUR VAN HARLINGEN and HENRY K. DILLARD, JR. (*Transactions of the Philadelphia Pediatric Society*, February 10, 1903) report their experience with epicarin as a topical application in ringworm from their service at the Children's Hospital. The drug is said to be a condensation product of creotinic or creosotinic acid and naphtol, and to possess the properties of creosote and naphtol. In ringworm of the scalp it appears to have a decided value on account of its high penetrating power when in alcoholic solution. In cases of ringworm of the body and of scabies epicarin seems to be too irritating for satisfactory use.

The Nature and Treatment of Recurrent Vomiting.—DAVID L. EDSALL (*Transactions of the Philadelphia Pediatric Society*, February 10, 1903), referring to the fact that the nature of this condition has not been satisfactorily explained and that the treatment has been unsatisfactory, reports observations in six cases, showing that a severe acid intoxication of the type seen in diabetes mellitus was presented. Treatment directed toward this acid intoxication was strikingly successful in all but one of the cases, and in this exceptional case the result was still in doubt. He advises the use of rapidly repeated large doses of a diffusible alkali, preferably the bicarbonate of sodium. This treatment should be instituted immediately upon the onset of an attack, or, better, as soon as any prodromes of an attack are observed.

The Action of Vaccination upon Pertussis.—POCHON (*Revue Mensuelle des Maladies de l'Enfance*, March, 1903, p. 102) reports the effects of vaccination upon the course of a severe attack of pertussis in an infant, aged five months. The inoculation was made on the eighth day of the convulsive stage of the disease, at a time when the infant was severely ill. The rectal temperature was 99.5° F., and the paroxysms occurred every half-hour, sometimes even more frequently. From the moment of the development of the vaccine vesicle the paroxysms became less frequent until the vesicle was well matured, and then, though somewhat more frequent again, became much less severe in character. Two weeks after the vaccination was performed the child was practically well.

Pochon believes that the case quoted is most conclusive of the beneficial action of vaccinia in pertussis. At the time the operation was made the condition of the infant could scarcely have been worse; the amelioration in the gravity of the pertussis was extremely rapid. He therefore believes that vaccination should always be made in the case of an unvaccinated child suffering from pertussis; and that revaccination should be practised in other cases, on the chance that the system of the child may still be capable of reacting to the virus.

Methylene Blue in Chronic Suppurating Otitis Media.—GAUDIER (*Revue Mensuelle des Maladies de l'Enfance*, March, 1903, p. 141) speaks highly of the value of instillations of a warm solution of methylene blue (1:500) in the treatment of certain forms of chronic suppurative otitis media and, in particular, in the fetid otorrhœas of childhood, which are so rebellious to treatment by the usual antiseptics.

After syringing out the external auditory canal and the tympanic cavity with warm, soapy water, fifteen to twenty drops of the methylene blue solution are slowly instilled into the ear. This procedure should last about five minutes, during which the patient should practise Valsalva inflation two or three times, in order to draw the solution into the tympanic cavity.

Gaudier has employed this method, in association with treatment of the primary rhinopharyngeal affection, in nine cases of long-standing otitis with large perforations and very profuse and fetid discharge. In seven of these cases complete cure was effected in twenty-five to thirty days; one passed from observation, and in the last case the treatment had to be suspended on account of the appearance of mastoid trouble. To insure a permanence of the cure it is well to continue the treat for several days after the disappearance of the discharge.

Kernig's Sign in Typhoid Fever in Children.—CARRIÈRE (*Le Nord Médical*, February 15, 1903, p. 45) has made a systematic search for Kernig's sign in 50 cases of typhoid fever occurring in his service. Out of this number the reaction was noted in 22 cases; in 15 very clearly, in 7 slightly. He therefore concludes that in something less than half of the cases (44 per cent. in his own series) this symptom is observable.

In all the cases in which the sign was noted cytoscopic examination of the cerebrospinal fluid was made. Once only was a slight polynucleosis found. In all the other cases the liquid contained no cellular elements. Cultures remained sterile. The presence of Kernig's sign is therefore not sufficient to prove the existence of spinal meningitis in typhoid fever.

This phenomenon was noted in normal forms of the disease without the ataxic state, as well as in the ataxic forms, and exceptionally in the adynamic forms.

In general the sign was observed from the third to the sixteenth day of the disease; exceptionally after or before these limits. While usually disappearing about the thirteenth or fourteenth day, it may reappear or even appear for the first time at the development of a complication.

While the Kernig sign in this series of cases of typhoid was not necessarily of fatal prognosis, it is interesting to note that all the fatal cases were included in the number which showed the sign. It therefore seems proven that Kernig's sign cannot serve as a means of distinguishing typhoid fever in the child from cerebrospinal meningitis, tuberculous meningitis, or meningeal accidents of other nature.